CALIF® RNIA EXPENSE CLAIM STATE RETIREES 3000 Advantage Way Suite 100 Sacramento, CA 98534						ACCOUNTING USE ONLY			
Committee Chapter			Bd of Directors						
Name (print)		Date							
Mailing Address			City/Zip	•					
E-Mail Address	Phone Number								
Date									
Location									
Time Depart									
Time Return									
Activity									
Activity Code									
Activity Code	LODGING	LODGING	LODGING	LODGING	LODGING				
1. Room									
2. Incidentals									
	MEALS	MEALS	MEALS	MEALS	MEALS				
3. Breakfast						I hereby certify that this is			
4. Lunch						expenses incurred by me travel expense policy of tl			
5. Dinner						period of this claim, that a			
	TRAVEL	TRAVEL	TRAVEL	TRAVEL	TRAVEL	business of the Associati	on, and tha	t no expen	ses
6. Common Carrier						herein were received or p	aid from ar	y other so	urce.
7. Airporter									
8. Personal Car									
9. Parking									
10. Bridge Tolls									
	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	Signature			
11. Taxi cabs	MIGGELEARLEGGG	MIOGELEAREOGO	MIOGELEARLOGO	MIOGELEAREOGO	MIGGELEAREGGG	Title			
12. Tele/telegrams									
13. Other (explain)						Total expense this page		\$	-
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	Total on attached pages			
Date	Item	Comment				Grand total expenses		\$	-
						Less – travel advances			
						Balance Due	Member	\$	-
							CSR	\$	-
		-	-		-	APPROVED			
NOTE: Original to be p	provided to Chapter	Гreasurer with Receiբ	ots attached; Retain	Copies					